USED VEHICLE INSPECTION FORM

Client's Name:	Date:
Inspection performed by: Vehicle Make/Model/Year:	
Condition of Transmission Fluid: (burnt, discolored, normal)	
Condition of Belts/Hoses (proper tension, cracks):	
Under Vehicle Check (any leaks – if so, where are they coming from)):
Condition of front tires for proper wear (if uneven wear, check ball joshocks):	
For Rear Wheel Drive Vehicles, any leaks in rear area:	
Condition of Exhaust system (any leaks):	
Condition of Fuel System (smell of gasoline indicating a leak):	
Condition of Floor Pans (rusting, wear):	
Condition of Heating/AC System:	
Condition of Seat Belts:	
Condition of Secondary Controls (HVAC, cruise, fans, wipers/washe	rs, etc.):
Condition of Engine (oil level and condition, leaks, exhaust smoke, n	oises, performance):
Recommended Repairs:	
Estimated cost of repairs (labor and materials):	